

SERIAL NUMBER 09/398,182	FILING DATE 09/17/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. D-1118R2
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APPLICANT ALAN J ROZLOSNIK, LOUISVILLE, OH; STEVEN R DAVIS, NORTH LAWRENCE, OH;  
MARK A DEPIETRO, CANTON, OH.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*<sup>NONE</sup>  
VERIFIED

AN

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*<sup>NONE</sup>  
VERIFIED

AN

\*\*FOREIGN APPLICATIONS\*\*\*\*\*<sup>NONE</sup>  
VERIFIED

AN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 34	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS RALPH E JOCKE  
231 SOUTH BROADWAY  
MEDINA OH 44256

TITLE RECEIPT DELIVERY SYSTEM FOR SECURE DEPOSITORY

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9748

SERIAL NUMBER 09/398,182	FILING DATE 09/17/1999  RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. D-1118R2
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APPLICANTS

ALAN J ROZLOSNIK, LOUISVILLE, OH;  
STEVEN R DAVIS, NORTH LAWRENCE, OH;  
MARK A DEPIETRO, CANTON, OH;

\*\* CONTINUING DATA \*\*\*\*\* *YES AT*  
This appln claims benefit of 60/114,036 12/29/1998

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NO AT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 10/07/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AT</i> Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 34	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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ADDRESS  
28995  
RALPH E. JOCKE  
231 SOUTH BROADWAY  
MEDINA, OH  
44256

TITLE  
RECEIPT DELIVERY SYSTEM FOR SECURE DEPOSITORY

FILING FEE  RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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